



SURFACE TRANSPORTATION BOARD
Office of Economics
Referencing/Quality Assurance Form

In signing this form, the parties listed below acknowledge that (1) no one has challenged their independence or sought to inappropriately influence their findings and (2) that they have taken sufficient quality assurance measures to ensure the accuracy of the following work product.

Specifically,

- The referencer attests that he/she reviewed the indexed work product and has verified the statements of fact, figures and dates contained therein and has brought any relevant issues or concerns to the relevant team leader and supervisor.
- The team leader and supervisor acknowledge that all referencer comments have been reviewed and that the work product has been corrected or brought to the attention of the Director or Deputy Director.
- If there are any comments by the referencer that have not been incorporated into the final work product, the Director or Deputy Director acknowledge that they reviewed the matter and set aside the initial objections of the referencer.
- The Branch Chief or Section Chief confirm that they concurred with the quality assurance methods used and agree that the product may be circulated to the Commissioners for review and action.

Docket Number/Unique ID

ID:		Project Name:	
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Team Leader or Creator of the Work Product - *Indicates the Q/A Process has begun*

Name:		Signature:		Date:	
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Project Description (*Team Leader or Creator of the Work Product*)

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Assigned Referencer(s)/Reviewer(s) (*Completed by Team Leader or Creator of Work Product*)

Name:	
Name:	
Name:	
Name:	
Name:	
Name:	



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Description of Work Performed (*Completed by Team Leader or Reviewer(s)*)

Comments/Recommended/Actions Taken (*Completed by Referencer(s)/Reviewer(s)*)



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Location of QA Analysis – includes Path and Filenames *(Completed by Referencer(s)/Reviewer(s))*

Location of Master Files – includes Path and Filenames *(Team Leader/Creator of the Work Product)*

Other Miscellaneous Information *(Completed by all parties involved)*



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Referencing/Quality Assurance Signature Page

Lead Referencer/Reviewer Signature

Name:		Signature:		Date:	
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Team Leader or Creator of the Work Product Signature

Name:		Signature:		Date:	
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Referencer(s)/Reviewer(s) Signature(s)

Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	

Section Chief Signature

Name:		Signature:		Date:	
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Senior Supervisor Signature

Override:

Name:		Signature:		Date:	
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Upon completion, an electronic version should be copied to the project folder and a hard copy should be provided to the Assistant to the Chief.